CHIPPEWA MANOR NURSING HOME

222 CHAPMAN ROAD

CHIPPEWA FALLS 54729 Phone: (715) 723-4437 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 90 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care	No	Primary Diagnosis	응 응	Age Groups	용	Less Than 1 Year	33.7
Supp. Home Care-Personal Care	No					1 - 4 Years	44.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.2	More Than 4 Years	21.3
Day Services	No	Mental Illness (Org./Psy)	50.6	65 - 74	4.5		
Respite Care	No	Mental Illness (Other)	2.2	75 - 84	15.7		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	58.4	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	19.1	Full-Time Equivale:	nt
Congregate Meals	No	Cancer	1.1			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	13.5		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	7.9	65 & Over	97.8		
Transportation	No	Cerebrovascular	11.2			RNs	15.6
Referral Service	No	Diabetes	3.4	Sex	8	LPNs	2.7
Other Services	No	Respiratory	1.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	7.9	Male	18.0	Aides, & Orderlies	33.5
Mentally Ill	No	1		Female	82.0		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No	1			100.0		

Method of Reimbursement

		edicare			Other			Private Pay		Family Care			Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	2.2	120	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	11	100.0	232	33	71.7	101	2	100.0	101	22	73.3	128	0	0.0	0	0	0.0	0	68	76.4
Intermediate				12	26.1	83	0	0.0	0	8	26.7	128	0	0.0	0	0	0.0	0	20	22.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		46	100.0		2	100.0		30	100.0		0	0.0		0	0.0		89	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
					 % Needing		Total						
Percent Admissions from:		 Activities of	ଚ୍ଚ		sistance of	% Totally	Number of						
Private Home/No Home Health	7.9		Independent		Or Two Staff	<u> -</u>	Residents						
Private Home/With Home Health	4.0	Bathing	16.9		53.9	29.2	89						
Other Nursing Homes	11.9	Dressing	20.2		60.7	19.1	89						
Acute Care Hospitals	76.2	Transferring	32.6		41.6	25.8	89						
Psych. HospMR/DD Facilities	0.0	Toilet Use	24.7		49.4	25.8	89						
Rehabilitation Hospitals	0.0	Eating	71.9		16.9	11.2	89						
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	*******	******						
Total Number of Admissions	101	Continence		용	Special Treat	ments	ે						
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.6	Receiving Re	espiratory Care	7.9						
Private Home/No Home Health	27.7	Occ/Freq. Incontinen	t of Bladder	42.7	Receiving T	racheostomy Care	0.0						
Private Home/With Home Health	15.8	Occ/Freq. Incontinen	t of Bowel	23.6	Receiving St	uctioning	0.0						
Other Nursing Homes	8.9				Receiving O	stomy Care	2.2						
Acute Care Hospitals	11.9	Mobility			Receiving To	ube Feeding	0.0						
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	3.4	Receiving Me	echanically Altered Diets	11.2						
Rehabilitation Hospitals	1.0												
Other Locations	2.0	Skin Care			Other Resident	t Characteristics							
Deaths	32.7	With Pressure Sores		3.4	Have Advance	e Directives	96.6						
Total Number of Discharges		With Rashes		1.1	Medications								
(Including Deaths)	101				Receiving Pa	sychoactive Drugs	62.9						

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	Ownership:		Size:	Lic	ensure:				
	This	This Proprietary			-99	Ski	lled	Al	l		
	Facility	Facility Peer		Peer Group		Peer Group		Faci	lities		
	%	90	Ratio	96	Ratio	용	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	84.7	1.14	87.1	1.11	85.3	1.13	85.1	1.14		
Current Residents from In-County	91.0	81.6	1.12	81.5	1.12	81.5	1.12	76.6	1.19		
Admissions from In-County, Still Residing	27.7	17.8	1.56	20.0	1.38	20.4	1.36	20.3	1.37		
Admissions/Average Daily Census	116.1	184.4	0.63	152.3	0.76	146.1	0.79	133.4	0.87		
Discharges/Average Daily Census	116.1	183.9	0.63	153.5	0.76	147.5	0.79	135.3	0.86		
Discharges To Private Residence/Average Daily Census	50.6	84.7	0.60	67.5	0.75	63.3	0.80	56.6	0.89		
Residents Receiving Skilled Care	77.5	93.2	0.83	93.1	0.83	92.4	0.84	86.3	0.90		
Residents Aged 65 and Older	97.8	92.7	1.05	95.1	1.03	92.0	1.06	87.7	1.12		
Title 19 (Medicaid) Funded Residents	51.7	62.8	0.82	58.7	0.88	63.6	0.81	67.5	0.77		
Private Pay Funded Residents	33.7	21.6	1.56	30.0	1.12	24.0	1.41	21.0	1.60		
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	52.8	29.3	1.80	33.0	1.60	36.2	1.46	33.3	1.58		
General Medical Service Residents	7.9	24.7	0.32	23.2	0.34	22.5	0.35	20.5	0.38		
Impaired ADL (Mean)	44.7	48.5	0.92	47.7	0.94	49.3	0.91	49.3	0.91		
Psychological Problems	62.9	52.3	1.20	54.9	1.15	54.7	1.15	54.0	1.17		
Nursing Care Required (Mean)	3.2	6.8	0.48	6.2	0.52	6.7	0.48	7.2	0.45		